ZOIN	MANE	KACT	lassifie
MARGIN RESERVED FOR BINDING	3.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE	mation should be carefully supplied. AGE should be stated EXACT	CAUSE OF DEATH in plain terms, so that it may be properly classified
Q.	IIS	be 6	pe 1
ERVE	KK-TI	plnods	it may
RES	ING IT	AGE	o that
ARGID	JNFAD	pplied.	terms, s
M.	VITH U	ully su	plain t
U	ILY, W	e caref	VTH in
	PLAIN	onld bo	F DE
	RITE	tion sh	USE
No. 1	3W	ma	CA

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(92-0)
county Moutgomery	Registration Dist. No. 2
11-7	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	rsou
1 1/	
(a) Residence: No. New Klustration (Usual place of abode)	St., Ward. If nenresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowed	21. DATE OF DEATH May (Day) (Pear)
5. If married, widowed, or divorced HUSBAND ST (or) WIFE of Richard S. Anderson	22. I HEREBY CERTIFY, That I attended decaased from June 9 ,1931, to May 3 ,1932.
6. DATE OF BIRTH (month, day, and year) July 3, 1855 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	I lost saw here elive on Way 23 1, 19.3 2; death is said to have occurred on the date stated above, et 11.5 P.m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific properties).	Mitral stenosis and shild- regurgitation hood.
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Middle town (State or country)	Arterios clerosis 8-10 yrs. Other Coatributory Causes of importance: aggi
13. NAME Joshua Corrick 14. BIRTHPLACE (city or town) (State or country) Pennsulvania	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Lucy Kester 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mr. R. Sothern Anderson (Address) (Address)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Lyckelly Date May 26, 1932	Manner of injury
19. UNOERTAKER IST Pulle Gentle Ma (Address) Rockwell Ma 20. FILEO 5. 26, 1932 W Jewis Registrar.	24. Wes disease or injury In any way related to occupation of deceased? 100
If more blanks are needed address State Penistran	N Charles Street Pulsing Paragraph 71 S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ev.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 Ř

	STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	15472
1. PLACE O	F DEATH		9	. (
County	Montgom	kry ,,	Registration Dist. No.	14
Village or (City Lighders	od felter sp	ungho, Md St.,	Ward
Length of res	sidence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and no ds. How long in U.S. if of foreign birth?	
	01.	of Abarbert 1	Ver mill	
2. FULL NA	P	y inquest in	· m	
(a) Resider	nce: Noounau	(Usual place of abode)	Mard. If nonresident give city or town and S	otate
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (prite the word)	21. DATE OF DEATH MAY 15	193 2 (Year)
Sa. If married, widow HUSBAND of	wed, or divorced		(
(or) WIFE of	-		1 HEREBY CERTIFY, That I attended d	
DATE OF BIRTH	/manth_day	But a 1921	t last saw h 100 alive on Mace 16 1932	, 1932
	(month, day, and year) ars Months	Dave 1 If LESS Ihan	to have occurred on the date stated above at 8.05 Pm.	death is said
	. 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profe	ession, or particular	ormin.	were as follows:	Date of onset
kind of SAWYER	work done, as SPINNER, R, BOOKKEEPER, etc.		1) 270 000 000	3-7-3
9. Industry or work wa	business in which as done, as SILK MILL,			
SAW MII	LL, BANK, etc.			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
this occur	sed last worked at upalion (month and	11. Total time (years) spent In this occupation		
12. BIRTHPLACE (ci		od, Silve Spring M	Other Contributory Causes of Importance:	
1	Bologent	Prutablicas		
	110	rest alle me	none	
(State or	E (city or town)	rest teen, mu	Name of operation Date of What test confirmed diagnosis? Land Was there an au	. 72.
15. MAIDEN NA	AME annie	Elizabeth Onker	What test confirmed diagnosis?	topsy?_/_CO
15. MAIDEN NA	E (cily or town) BL	retirille md.	Accident, suicide, or homicide?	10
(Stale or	r country)		Where did injury occur?	
7. INFORMANT (Address)	Mary a	there Stree Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
	TION, OR REMOVAL	low ml	Manner of Injury	
Place_	why xpring	Date / May 18, 1932	Nature of Injury	
19. UNDERTAKER (Address)	1432 your	f flins	24. Was disease or injury in any way related to occupation of deceased?	20 -
20. FILED	16 193 0	Kalphuffilfer. Registrar.	(Signed) All Muselettle (Address) Subserve Spring	M.D.
	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over, If the de-Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state;

should be called a salesman and not a clerk.

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation. 9.-The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish enrefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

T year Gastroenteritis 8261, I UDIA Gallstones Other contributory causes of importance: Other contributory causes of importance: 1261, 3 g lul Cerebral hemorrhage obv shop g Pertionitis Run over by street car Chronic interstitial nephritis I week ago 1921 Alluck of epilepsy 9161 Arterioscierosis obo yəən I of importance were as follows: of importance were as follows: The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset Example 1 Example II

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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B.V UARRUE

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i.	. Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	CIAN
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m.

(Address)

20. TILED ...

BINDIN

FOR

MARGIN RESERVED

state

1. PLACE OF DEATH

Registrar.

If so, specify

STATE OF MARYLAND—CERTIFICATE OF DEATH

193 2

(Year)

Date of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S	1		
Other contributory causes of importance:	J	Other contributory causes of importance:	
Gallstones	May 1,1923	Castroenteritis	1 year

item of infor-

PHYSICIANS

stated EXACTLY properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.-WRITE PLAINLY,

ż

certificate.

back of

See instructions on

TION is very important.

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

(Addrass)

19. UNDERTAKER

Exact statement

of OCCUPA.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 05475
1. PLACE OF DEATH		<u> </u>
County Mon	tu	Registration Dist. No. 211
Village or City Boyd		No. Ct Word
	A n	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death	occurred yrs. mos	ds. How long In U.S. if of foreign birth?yrsmos ds.
2. FULL NAME	1 buth	Carlin
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	OR DLYORGED (write the word)	21. DATE OF DEATH
undetermined	Any	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		22. HEREBY CERTIFY. That 1 attanded deceased from
(or) WIFE of		may 14, 1932, to mry/4, 1932
6. DATE OF BIRTH (month, day, and year)		I last saw h alive on daath is said
7. AGE Years Months	Days If LESS_than	to have occurred on the date stated above, at
10 0	1 day, 0 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular	O Torrest Hills	Data of one et
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc Lip Date decassed last worked at this occupation (month and	~~~	
Industry or business In which work was dona, as SILK MILL,		
SAW MILL, BANK, etc.		
- I was occupation (month and	11. Total tima (years) spant in this	
year)	occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)	7	,
(State or country)	9,	
13. NAME Wom Squeft	Carlin	***************************************
13. NAME Was Spened		Name of operation Date af
(Stata of country)	1	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME EN	Barmin	23. If death was dua to axternal causes (VIOL ENCE) fill in also the following:
D 16 PIPTHOLACE (city or town)	0	Accident, suicide, or homicide?

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example IVE		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	Y	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH (1547)
1. PLACE OF DEATH	942
County money omercy	Registration Dist, No. 263
Village a sity regulation -	NoSt.,Ward
(if	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	How long in U.S. If of foreign birth? yrs mos ds.
2. FULL NAME James / adiso	u Jase
(a) Residence: No. 127.4# 3 Tulbers	ma Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widow	May 2 " ,193 2)
5a, If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of ast	1 HEREBY CERTIFY, That I attended decessed from
	may 20: 1932 to may 27 1932
6. DATE OF BIRTH (month, day, and yeer)	I last saw H. Lan. elive on May 2 1, 1962; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
Ormln.	were as follows: Date of oneet
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPPER etc.	were selectes
Andustry or husiness in which	Coronary Entonisons
work wes done, as SILK MILL, CY V. Sanal Co	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Manyland	Other States of Miliportance.
(State or country)	
13. NAME Fredrick Case 14. BIRTHPLACE (city or town) Maryland	
14. BIRTHPLACE (city or town)	Name of operation.
(State of Country)	What test confirmed diagnosis? Reguesal Estates. Was there an autopsy?
15. MAIDEN NAME Mary a Farris 16. BIRTHPLACE (city or town) Mary arryland (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Drangland	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jum Harris	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Travelate Mc	
Place Danie lour Modele May 29 1932	Manner of injury
	Netare of impry
19. UNDERTAKER WM. Helebow Tumfoling	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Ro Charello Nich - ()	If so, specify
All a la	A CONTRACTOR OF THE PARTY OF TH
20. FILED May 98, 1932 . Ufler & house Net	(Signed) Water D'Roure M. D. (Address) Saraonor De Wat

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of of importance were as	death-and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	JUN 6 1932	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephr	ilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	DUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

) =	aref	H in
)	PLANL	mation should be caref	CALISE OF DEATH in
V. S. No. 1	N. BWRITE PLAINLY, W	mation sh	CATTER
>	Z		

STATE OF MARYLAND—	CERTIFICATE OF DEATH (15477
1. PLACE OF DEATH	149.0
Village or City Delyar Md	No. No. Registration Dist. No. Ward death occurred in a hospital opinstitution, give its NAME instead of street and unmber)
Length of residence in city or town where death occurredyrsmos.	
(a) Residence: No.	St. Marchyland.
(Usual place of abode)	V If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Semale White named (write the word)	(Month) 2 Day) , 1932 (Year)
5a If married, widowed, or divorced HUSBAND of (or) WIFE of P. Palret Cissell	22. I HEREBY CERTIFY, That I attended deceased from May 25 1932, to May 27 1932
6. DATE OF BIRTH (month, day, end year) 4 2 2, 1900 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above et 6.45 Rm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Post operative shock 0 ate of onest 5-27-32
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month end	V
year) 93 occupation 8 90	Other Cyatributory Causes of Importance:
(State or country)	instrumental delivery 5-26-3
I3. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Mid forcefor delever Date of \$ -27-32 What test confirmed diagnosis? More West there an autopsy? MU
IS. MAIDEN NAME Islem Rightetts	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Red Red and Closell	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL GREMATION OR REMOVAL Place They Dak - Tathushugge med May 30, 19 32	Manner of injury
19. UNDERTAKER WM Stubil tumpling (Address) Filesville manyland	24. Was diseese or injury in any way related to occupation of deceased? None
20. FILED May 29 1932 C&3 amsley Registrar.	(Signed) J. / Proschart M. D. (Address) Jartherhor, M. J.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	E. A	Example II		
The principal cause of death and related cau of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	ACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDIN

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RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

xample I	and the same	Example II	35	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
JUN 6 1932	1915	Attack of epilepsy	1 week ago	
	1921	Run over by street ear	1 week ago	
BUREAU V.	July 5,1927	Peritonitis	3 days ago	
of importance:		Other contributory causes of importance:		
Gallstones		Gastroenteritis	1 year	
	th and related causes ows:	th and related causes Date of onset ows: 1915 1921 BURE V July 5, 1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:	

F.	IS	sta	pro
QD	HIS	be	þe
RVI	T	plnc	may
E	NK	she	it
RE	I D	GE	that
Z	OIN		80
MARGIN RESERVED FO	-WRITE PLAINLY WITH UNFADING INK-THIS IS	mation should be carefully supplied. AGE should be sta	CAUSE OF DEATH in plain terms, so that it may be pro
M	דר	sul	in t
	ITI	ılly	pla
1	-	refu	ij
(LX	e ca	ATH
	Afr	q p	DE
	PL	hou	OF
	TE	n s	SE
	WR	atio	CAUSE
10.1	1	m	C

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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	62-0
County // / / /	Registration Dist. No. 2/4
Village or City denument	No. St., Ward
Length of residence in city or town where death occurred yrs. mos	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Mas Mucellin L	Duyer
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH May (1932
5a. If marriad, widowad, or divorced HUSBAND of	(Month)/ (Day) (Year)
(or) WIFE of WE C. Dwycr	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Oseg 21-1847	I last saw har allve on may 1932 death is said
7. AGE Yaars Months Days if LESS than	to have occurred on the data stated above, at 10 Pm.
84 8- 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, atc.	Ciribal Homorhose 940
work was done, as SILK MILL, SAW MILL, BANK, atc.	
10. Date decaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Claps	Other Contributory Canses of importance:
(State or country)	200
13. NAME John. Rannie	Eviling. 29s
14. BIRTHPLACE (city or town)	
(State or country) Scallend	Name of operation
15. MAIDEN NAME Rannie	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rannie 16. BIRTHPLACE (city or town). Scalland	23. If death was due to externat causas (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accidant, suicide, or homicide?
17. INFORMANT Droning 2. Martin	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Rocalle Route # 3	
18. BURIAL, CREMATION, OR REMOVAL Place Kuckvelle Date May 44 10.32	Mannar of injury
1 LD D	Natura of injury
19. UNDERTAKER WILLIAMS THEY	24. Was disaasa or Injury in any way related to occupation of deceased?
(Address) Wishell	If so, specify
20. FILED 3 - 2 1932 W. A-deuro	(Signed) M.D.
Registrar,	(Address) Reno my 10n M.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GBARAGES	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE	OF	MARYI	AND-	CERTIFICA	ATF	OF	DEA	TH
SIAIL	OI.	MANIL	AIND.	CLIVIII ICA	716	VI	DLA	

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1. PLACE OF DEATH	3
County Montgomery	Registration Dist. No. 2/3
Village or City Rockbulle Tr. He	≫ _{No.} St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
C +	
2. FULL NAME Calo	Ross Ward.
(a) Residence: No. / Included the Medical (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WiFE of	man 17 18276 May 1719 32
6. DATE OF BIRTH (month, day, end year) Tray 17, 1932	I last saw heart after on man / 1/19 32 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	miseuriage of Smos May 19
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month and	Stillberty 1983
0. Oate deceased last worked et this occupation (month and spent in this	
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Chwelle, K. J.D.	
(State or country)	Inquest pugnances
13. NAME 14. BIRTHPLACE (city or town) (State or country)	infonothy (6 defore ege 21)
14. BIRTHPLACE (city or town) Almanage (State or country)	Name of operation. The Date of
(State of County)	What test confirmed diagnosis? They there an autopsy the
I H	23. If death was due to external cause (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) - Insulate (State or country)	Accident, suicide, or homicide?
17. INFORMANT Henry Eaton (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace West May 10, 19.32	Nature of injury
19. UNDERTAKER Tally -	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILEO 5-17, 1922 mo W J Prace Registrar.	(Signed) Korfeerle M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	PHYSICIAN

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH (1548)
1. PLACE OF DEATH	92-0
County Mondomely	Registration Dist. No. 216
Village or City Mary Shase	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 4-yrsmos.	ds How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME and Mc. Jinley	Sike
(a) Residence No. 63/2 (Usual place of abode)	6t., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write the word) White widowed	21. DATE OF DEATH 2 St 193 7 (Month) (Day) (Year)
HUSBAND of (or) WIFE of Handweld (or) WIFE of HUSBAND OF (or) WIFE	22. IHEREBY CERTIFY, That I attended despessed from
6. DATE OF BIRTH (month, day, and year) 6 - 26 - 1851	1 last saw h. Mailive on May 2/ 1932; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
00 // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPI MED Liked smelschart. SAWYER, BOOKKEEPER, st. Julian Spilling SAWYER, BOOKKEEPER, st. Julian Spilling S	Valorilar Disease Theat
of 1 "9 Andustry or husiness in which /	1923-
work was done, as SILK MICL, SAW MILL, BANK, etc.	variae della von 9/09/0
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or tom)	actino delevació
13. NAME PARALLE SIGNA	
0	
(State or country)	Name of operation
15 MAIDEN NAMED TO THE TOTAL TO THE TOTAL	What test confirmed diagnosis? Was there an autopsy?
13	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17 INECOMOSTITULE FULL / Silver	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Chery Chase, End	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Q ashings to Date 1991	Nature of injury
19. UNDERTAKED 18. Lawfers Sons Sue! (Address) 1754-12 av. M. W. D. C.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5 - 27 -, 1932 Florias Clouds	(Signed) Sofane abreit
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	ŧ
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BA	PHYSICIAN

MARGIN RESERVED FOR BINDING

of OCCUPA-

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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- ()	J	4	0	6

1. PLACE OF DEATH			107-2
County Mondy	nery	HMIT	Registration Dist. No. 223
Village or City Dakow	ra Pon	K	No. Wash San + Nong- St. Ward
			death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residenca in city or town where	laeth occurred	yrsmos	ds. How long in U.S. If of foralgn birth?yrsmosds,
2. FULL NAME Wands	a Joseph	2 town	lev-
(a) Residence: No.	0 ′		St., Ward.
	(Usual place o		If nonresident give city or town and State
3. SEX 0 4. COLOR OR RACE.			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED	(mrite the word)	21. DATE OF DEATH May 8 11 1432
remain come			(Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of			22. I HERERY CERTIFY, That I ettended Acteased from
(or) WIFE of	0		TEby 71 1932 to May 8 " 1932
6. DATE OF BIRTH (month, dey, end yeer)	le 1 1	932.	I lest saw h. Er elive on May 8 2 19 32 death is said
7. AGE Yaers Months	Days	If LESS than	to heve occurred on the deta steted ebova, et
3	/	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated ceuses of Importence were as follows:
8. Trada, profession, or particular		1 0000000000000000000000000000000000000	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	noul		Prosecular Premuonia
O Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc	mount		
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11 Total tir	ne (vecre)	
10. Data deceased last worked et this occupation (month end year)			
Taking Park Mil			Other Contributory Cardes of Importance:
12. BIRTHPLACE (city or town) 02 WW WW 2 (Stete or country)			Ma numura - creas
	Forker		
E	tal Ita	Tohl- aud	
(State or country)	0/44 110	914 114	Neme of operation Dete of Dete
	de Me	Mini	whet test confirmed diegnosis? Wes there en eu opsy?
H On	e de la constante de la consta	244	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Mueng an (Stete or country)			Accident, suicide, or homicide?
Drivos For	urles		Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Addrass)	Fields	ma -	Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL			Menner of Injury
Pleca Capital Heights?	Dete May	9 1932	Natura of Injury
10 HADESTAKED LANGOLICE	I then the	x. Van	24. Was disease op Injury in eny way releted to occupation of deceased?
19. UNDERTAKER COULT ALGEBRA DO A DC			11 so, specify awrite Ches
20 EUE May 8 1032 At	(8)	A	(Signed) M. D.
20. FILED 77.8 , 19	CA XUZE	Registrar.	(Ardress) 705 Carroll are Takonus Park

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example III VEO		Example II	
The principal cause of death and related causes of importance were as follows: N 4 1932	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritist TREAU V. 3.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	ALL BURE.	Other contributory causes of importance:	DE MINE
Gallstones	May 1,1923	Gastroenteritis	1 year

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	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Many only	Registration Dist. No. 2
		300 Colesville St.: Ward) (if death occurred in a hospital or institution, give its NAME in-
	2FULL NAME Sice & Pavilla	fullerton stead of streat and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 193 2 (Month) (Day) (Year)
	Dec. 17 1846	17 I HEREBY CERTIFY, That I attended the deceased from Let. 6 1982. to May 27 , 1982.
	(Month) (Day) (Yesr)	that I last saw he alive on Must 27, 1932,
	/ AGE If LESS than I day hrs. 10 de. or min.?	and that death occurred on the date stated above, at 2. 45 M. m. The CAUSE OF DEATH * was as follows:
1	occupation (a) Trade, profession or	Ceretral Hemorhege
	particular kind of work (b) General nature of industry	
K	business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
	State or country) Phio	Contributory Secondary Chalecystate (Duration) yrs
	10 NAME OF Joseph Brooks	(Signed) (Marian Banthed M. D.
	11 BIRTHPLACE OF FATHER (State or country) UNLEWBURN	State the Disease Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Rachel Hellings	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Whenowe	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Physicians Records	usual residence
	(Address) Silver Spring, md	Denser Orbrado June 4, 1932
	Filed 5/3/ 1932 Kalphisfulful Registrar	Worner E. Pumphrey Rockville In
	If more bianks are needed, address State Registrar	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a (b) Cotton mill; (a) Salesman. (b) Grocery; For persons who have no occupation (b) Automobile factory. The material single word or term on The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature cough; Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05484
1. PLACE OF DEATH	95-E)
County Montgomery	Registration Dist. No. 216
Village or City Detitled	No. St Ward
(If Length of residence in city or town where death occurredmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME MO, MARA P. Ja Clory	111
(a) Residence: No. 4424 Devalaonnii	Ward.
(Usual place of abode)	Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 1932
5a. It married, widowed, or divorced	(Mag(h) (Vay) (Year)
(or) WIFE of William J. Jalley	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Tall 4, 1874	l last saw h aliwe on local death is called
7. AGE Years Month Oays If LESS than	to have occurred on the dete stated above, at 3
57 10 4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
9 Trade evolucial as activities	Consistine Heart Date of onset
Kind of work done, es SPINNER, Housewill	1 Failure 5/1/32
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and spent in this	(seen only as alism)
year) occupation	Other Castributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (OD, W.C.	
13. NAME Chiquetine Chrold	
14. BIRTHPLACE (city of town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?!
15. MAIDEN NAME NELLOW . Sandane. 16. BIRTHPLACE (city or town).	23. If deeth wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or horacide? Dete of injury, 19
To I was a grand was	Where did injury occur? (Specily city or town, county and State)
(Address) 4424 mortangury are Withinka M	Specify whether injury occurred in INBUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Places Typusho January Bate MM 11 ,1932	Nature of Injury
19. UNDERTAKER COSTULASI YSOLU	24. Was disease or injury in any way related to occupation of deceased? Two
(Address) Saltam me	If so, specify 7 Donnell
20. FILEO 5/9/32, 19 Offen Jenn	(Signed) Letter J. Walkers a law Butherla Mil
/ Registrar.	(Audiess) 27 27 27 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20

68481

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of-importance were as follows:	Date of onset	The principal cause of importance were	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	7061 4 NOC	1 week ago
Chronic interstitiol nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	CHARTE	3 days ago
			and the last	
Other contributory causes of importance:		Other contributory	eauses of importance:	
Gallstones	May 1,1923	Gostroenteritis		1 yeor

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05485
1. PLACE OF DEATH	108
county Montgomery	Registration Dist. No. 214
Village or City Chestury Hidge	No. St., Ward
Length of residanca in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Henry	aassaway
(a) Residence: No.	St. Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 27 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet ann Gassaway	22. I HEREBY CERTIFY. That I ettended deceased from May 23 1932, to May 27 1932
6. DATE OF BIRTH (month, day, and year) unknown	I last saw h. im aliva on may 27 / 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 4:30 Am.
82 on 83 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trada, profession, or particular kind of work dona, es SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Double Pneumonia 5.21.3
9. Industry or business in which work was done, es SILK MILL, Farm. SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and 5-20 2) This occupation (month and 5-20 2)	Bilateral lobar poramonias Custo
Data dacassad last worked at this occupation (month and 5, 20.32 spent in this year)	
12. BIRTIIPLACE (city or town) (State or country) Prince George	Other Contributory Causes of importance:
E 13. NAME	
14. BIRTHPLACE (city or town)	Name of operation. Nove Date of
1 (State of County)	What test confirmed diagnosis? . Clinical. Was thar an autopsy?
15. MAIDEN NAME May margaret gassaway 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Lawrey Sansurars	Where dld Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Place 1932	Manner of Injury
D. Ph 1	Neture of injury
19. UNDERTAKER Long. N. Moraen (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Way 30 , 1932 J.E. Dully Kegistar.	(Signed) Nebster Sewell M. (Address) Route 1 Selver Springs Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE AT RECORD. Every item of information should be carefully supplied. AGE should be stated EVACTLY. PHYSICIANS should state CAUSE OF DEATH in plain towns of that it is not be presented by the state of the state MARGIN RESERVED FOR BINDING

	County Mor	Ma	nery		Registration Dist.	No 218
	Village or City	ithe	relating	/1	10/ 10 - 1	net. War
	Length of residence In city or	town where	death occurred	yrs b mos	ds. How long in U.S. if of foreign birth?	.d of street and number) yrsd
2	. FULL NAME	the	's 4;	Vertie		
	(a) Residence: No.	Pain	thous la	League	St., Ward.	
677	(a) residence, No.	- cui	(Usual place	abode)		ty or town and State
	PERSONAL AND S	TATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF	DEATH
3, 5	SEX 4. COLOR OR	RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	, , , ,
	Demele Wh	ile		lacel	May (Mouth) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	1. 1	9.00.	1410		
	(or) WIFE of	J.	OLUM	you	May 6 1932 to Man	
6 1	DATE OF BIRTH (month, day, and	was 77	arch 21.	1856		, 19.3.2; death is se
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above at 9:30 P	
	76	1	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of in	
7	8. Trade, profession, or particul	ar	0 - 1	ormin.	were as follows:	Date of ons
NOL	kind of work done, as SP SAWYER, BDOKKEEPER, o	etc.	elireal		aute endoraditi	5-6-
PATI	9. Industry or business in whic work was done, as SILK ! SAW MILL, BANK, etc	WILL ZA	ercse W.	ille		
סככח	SAW MILL, BANK, etc 10. Dato deceased last worked a		1	time (years)		
ŏ	this occupation (month an	ď	Spe	ent in this		
				apatron	Other Coutributory Causes of importance:	
12.	BIRTHPLACE (city or town) (State or country)	ary	land,	***************************************	Cereberal unbolim	5-/3
ER	13. NAME	01	Fina	/		
ATH	- Jan	week	V N GCI			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
FA	14. BIRTHPLACE (city or town) (State or country)	ma	reflect	A.	Name of operation	Date of
ER	15. MAIDEN NAME &	intres	Fh 21/n	Tons	The state of the s	Was there an autopsy?
I	16. BIRTHPLACE (city or town)	genia	1	(23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide?	
MOT	(State or country)	mar	Hlane		Where did injury occur?	mjury, 15
17	INFORMANT Red 36	Harald	1.01/12	la mare	(Specify city or town, Specify whether injury occurred in INDUSTRY, In HOME, or	county and State)
17.	(Address)	elke	estrio	mol,	,	IN PODEIO PEROE.
18.	BURIAL, CREMATION, OR REMOV	3 7			Manner of Injury	
	Place Western &	nules	1 Date May	117 ,1932	Nature of injury	
19	UNDERTAKER Warner	18	Permith	0.6.11	24. Was disease or injury In any way related to occupation of	
	(Address) Rock	ille	mel	1	If so, specify	
	FILED May 16 1932	1170	thel War	Elelersen	(Signed) Il Brochact	M_
20	FILED ///W/7. FU 1976					

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

STATE	OF	MARYLAND-CERTIFICATE OF	DEATH

1	80	4	6	۸
351	64	0	M	-3
SU.	27	0		н

1. PLACE OF DEA	TH	W Co		(I)-E)	
County Mis	nlasm	ery	-	Registration Dist. No. 223	
Village or City	21 dans	Park		No. Washington Sanitaring Hospital	
			(If	death occurred in a hospital or institution, give its NAME instead of street and number)	ward
Length of residence in	city or town whare o	leath occurred	yrsmos	de Herritage to the outside of the state	ds.
2. FULL NAME	norm	an 70	hanin		
(a) Residence: No.	32 El	nave.	Jakama Para	/ St. Ward.	
		(Usual place o	f abode)	If nonresident give city or town and State	
PERSONAL AT	ND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
male 7	or or race whits	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH May (Month) (Day) (Yaa)	b
5a. If marriad, widowed, or div HUSBAND of (or) WIFE of	orcad			22. I HEREBY CERTIFY, That I altended decessed	from
6. DATE OF BIRTH (month, d	ay, and year) O	fril 3	1929	May 1 , 1932 to may 13 , 193 last saw h may 12 , 1932; death is	
7. AGE Yeers	Months	Days	If LESS than	to have occurred on the date stated above, at 3:222 m.	
3	1 /	10	1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and reletad causes of importanca wara as follows:	
8. Trada, profassion, or kind of work done SAWYER, BOOKKE Work was done, as SAW MILL, BANK, To Date dacagand last we this occasion for this occasion for the same of the same	particular , as SPINNER, EPER, etc	· non	٩	Date of o	pnset
Industry or business i	n which			Detection April Meningely 5-	1_3
SAW MILL, BANK,	atc			(Insluence Tyles)	17.53
ting occupation (in	onth end -		t in this		
year)		octuj	pation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town	71	con Sp	ringa		
(State or country)	ne	w go	1c		
13. NAME	ecil	Trigg	ns		
14. BIRTHPLACE (city or t	own) Bl	mofrel	d	Neme of operation Date of	
(State of Country)	7.0	ton.		What test confirmed diagnosis Clamed Symptomas there an autopsy?	20.
15. MAIDEN NAME	mam	e Kee	ney	23. If daeth was due to axternal causes (VIOLENOE) fill in also the following:	
O 16. BIRTHPLACE (city or t	own) / Ed	more	<i>U</i>	Accident, suicida, or homicide? Date of injury, 19	
(State or country)		mich		Whare did injury occur? (Specify city or town, county and State)	
17. INFORMANT _ Sams (Address) * Ja	Larsun	Park,	nds	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR	REMOVAL	75.	-	Mennar of injury	
Placa ldante	er com med	Dete May	(5,1932	Natura of injury	
19. UNDERTAKER 1. K	3. June	<i>y</i> .		24. Wes disaase or injury in any wey related to occupation of daceasad?	þ
20. FILED May / 3	1932 HE	Roger	Registrar.	000000000000000000000000000000000000000	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1932				
Other contributory causes of importance:	F	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ate	STATE OF MARYLAND	CERTIFICATE OF DEATH 05488
state SUPA	1. PLACE OF DEATH	(1)
occo	County Montgomery	Registration Dist. No.
sho of	Village or City Olivey	No. Mout Co Glevel Hogbertal St., Ward
Every CIANS tement	Length of residence in city or town where deeth/occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. 11 of foreign birth?
	2. FULL NAME GEORGE, Coolou Stil	10
	(a) Residence: No. Kalesmatch Wb	St. Ware.
N X	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. E.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Way 20 103 2
d.	5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
IANEN A C T I ssified.	HUSBAND of Goral Elizabeth Hill	22. I HEREBY CERTIFY, That I attended deceased from
X A X A clas	birthing factorial the contraction of the contracti	Dec. 3 ,1930, 10 May 20, 1932
-	6. DATE OF BIRTH (month, day, and yeer) October 12, 1855	liest sew h welive on Way 20 , 19.32; deeth is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, et 6.43 Pm.
IS A stated proper ertifica	7 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
be lof c	8. Trede, profession, or particular kind of work done, as SPINNER,	Ostrinoic carcinoma Jan
P4	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc Dete deceased lest worked at II. Totel time (yeers)	of larysup (1932
VK-T should it may n back	work wes done, es SILK MILL, SAW MILL, BANK, etc	VV
	- I spent in this	
AGE That	year) occupation	Other Contributory Causes of importance:
Se Se Icti	12. BIRTHPLACE (city or town) Alargetown, to (Stete or country)	*
NFADING plied. AGl rms, so tha instructions		
5 - 5	7 1 0 0 1	
y su ain See	(Stete or country)	Neme of operation Date of Date of What test confirmed diagnosis? Estatution of from Was there an autopsy? [10]
VIII	15. MAIDEN NAME Wartha Cooley	Whet test confirmed diagnosis? Qualification Was there an autopsy? The 23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
K, are are H in	15. MAIDEN NAME Wartha Cooley 16. BIRTHPLACE (city or town) Virginia (Stele or country)	Accident, suicide, or homicide? Date of injury19
INLY, be can EATH import	X (State or country)	Where did injury occur?
	17. INFORMANT Mrs. Ida Snyder	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Should OF D	(Address) Kensington Mid.	
E E E	18. BURIAL, CREMATION, OR REGIOVAL PIECE Day 23, 1932	Menner of injury
-WRITI mation CAUSE TION is	10. 0 10	Neture of injury
CAN	19. UNDERTAKER MM. LEWbern Kumphury	24. Wes disease or injury in any way releted to occupetion of deceesed?
ದ		(Signed) Statlearine A. Chapman M.D.
ż	20 FILED May 22, 1932 Co Jarrasley Registrar.	(Address) 20 W. Balto. St., Kensington.
0		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis N 4 1032	1921	Run over by street car	1 wcek ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUZEAU V.S			10
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year
			- 300

MARGIN RESERVED FOR BINDING	VED FOR BINDING
N WITH UNFADING INK-THIS IS A PERM KENT RECORD	-THIS IS A PERM KENT RECORD
ormation should be carefully supplied. ate CAUSE OF DEATH in plain terms so UPATION is very important. See instruc	ormation should be carefully supplied. ACE should be stated SXACTLY PHYSI- ate CAUSE OF DEATH in plain terms so that it may be proper y classified. Exact UPATION is very important. See instructions on back of certificate.

		E OF D						
C	County	Morel	gorus	ry				
		A	7 .	//				4
Villa	age or C	ity /le	usiu	yle				Le
	2 F	ULL NAM	иЕ	Fo	me	t	6.	ren
	PERS	ONAL AN	ND STAT	ISTIC	AL PA	RTICL	JLAR	S
3 51	Wale	1 A COL	or or R	ACE 5	MARRI WIDOV OR DIV (Write t	ED.	Mar	ried
6 D.	ATE OF B	IRTH						
			Octo	CEN (onth)		7, - Day)	, 1.	874 (Year)
7 AC	GE							SS that
		57	yrs.	>m	os. 4	de	l day	hre min.
	RTHPLAC (State or		raug.		el.	07	Dies	
	10 NAME	R M	elson		1	1		
STN	11 BIRTH OF FA' (State	PLACE	51		1		1	8.
PARE	OF MO		Nova	^	1 .	1	- 1	
	OF MO (State		7/	un	N.	Olu		
14 T		E IS TRUE		BEST		KNOWL	EDGE	
		nt) Lu	. /				11.	D
	(Ac	ldress)	usi	ug	LI		M.	d
15	Filed <u>YU</u>	ay 17	193-2	0	3.8	in Ci	Rogi	d'ai
			ore b.anks			V		A

05489				
	STATE	OF	MARY	YLAND
53	CERTIFIC	CAT	E OF	DEATH

Registration Dist. No.

Lyd	St:	Ward)	(If death a hospital tion, give It stead of number.)	ts NAME	11 -
MEDIC	AL CERTI	FICATE O	F DEATH		

16 DATE OF DEATH
5 (Month) 15 (Day) 193 Wear)
(Month) (Day) 7 Dear)
I HEREBY CERTIFY, That I attended the deceased from
agust 26 1922, to may 10 , 1932
april 26- 1932 to May 15'-, 1932, that I last saw heritalive on May 15'-, 1932,
and that death occurred on the date stated above, at 11:50 Pam,
The CAUSE OF DEATH * was as follows:
Neuro fibro parcorna
Wetastatic to Lungs
(Dyration) yrs. / mos de.
Contributory Newsfibrosaceous of
Secondary
The right area (Durstion) 1 yrs mos de.
(Signed) Heury & Brown M. D.
May 16" 1982 (Address) Reusington, Well
State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
And I am In the
of death yrs mos 9 ds. State yrs mos 9 ds.
At place of death wrs. mos. 19 ds. In the State wrs. mos. 19 ds. Where was disesse contracted, New hyrus, O Lies.
Former or
Former or new Lynne, Olics
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Washington 26 May 17, 1934
20 UNDERTAKER ADDRESS
WWbliampies 60 Washingtons
a woudings to a Vitali.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, business, that fact may be indicated thus; Farmer (neor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the whatever, write Nonc. aborer, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer,

Strtement of Cause of Death—Name, first, the DISEARS ("NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on teanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) accident; Revolver wound of head-homicide; Poisoned by fracture of skull, and consequences (e. g., sepsis peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified. E

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	05490
----------	----------------------	----	-------	-------

1	1. PLACE OF DEATH	(131)
	County Moutgonerry	Registration Dist. No. 2/4
	Village or City Selver oprings M	ND. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
1.	2. FULL NAME of evi Mork Hum	wer
	(a) Residence: No. Seven Oaks	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	SEX 4. COLOR OFORACE OR DIVORCED, (write the word) If married, widowed or divorced	(CH) (Month) (Day) (Year)
Ja.	HUSBAND of Georgianua Humm	22. OF HEREBY CERTIFY, That I attended deceased from 25, 1932 to May 1, 1932
e 6.	DATE OF BIRTH (month, day, and year) 100.21, 1846	I last saw h MV alive on Upsil 30 V, 1932; death is said
certificate	AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated bove, at 1.2.4552cm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
- ert	8. Trade, profession, or particular	well as follows: Date of onget
TION	kind of work done, as SPINNER / Tettered	Transcore S. S. S.
ack JPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
u o	11. Total time (years) this occupation (month and year)	
instructions	BIRTHPLACE (city or town) Lessurg Va	Other Contributory Causes of Importance: 42532
ruc	(State or country) 72. S. Q.	Chranic Nephritis
inst HER	13. NAME Blugamin a Tummer	
See in	14. BIRTHPLACE (city or town)	Name of operation Date of Date of
. 0	(State or country) Wirginia	What test confirmed diagnosis? Was there an autopsy? Z
important.	15. MAIDEN NAME Many Brilliges	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
MO	16. BIRTHPLACE (city or town) (State or gountry)	Where did injury occur?
17.	INFORMANT Grangia alia Lipper (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S	BURIAL, CREMATION, OR REMOVAL Place Gryssins Cy Date 5/3 19.32	Manner of injury
NOLL 19	UNDERTAKER Am. J. Nalley Suc. (Address) 522-80 S.E.	24. Was disease or injury in any way related to occupation of deceased? MO
20.	FILED WARY 1 , 1932 JE Wilder Jo	(Signed) [Mylon Hunfield M.D. (Address) 1402 m St new World;
	If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state

19. UNDERTAKER (Address) 20. FILED 3 2

1. PLACE OF DEATH

82-00		
	Registration Dist. No2	13
No		Ward
If death occurred in a hospital or institution		
ds. How long in U.S. if of fo	oralgn birth? n	nos ds.
amo Johns	en	5.71.11
Ward.		
Ware.	If nonresident give city or town an	d Sinte
MEDICAL CE	RTIFICATE OF DEATH	
21. DATE OF DEATH		
1	May of -	, 193
	(Month) (Day)	(Yaar)
22. AL HEREBY	CERTIFY, That I attended	deceased from
Jkb. 5	32,0 may =	2,1982
I last saw h. 2. aliva on	man / /193.	Adaath is said
to have occurred on the data stated a	abova, et BA m	
The PRINCIPAL CAUSE OF DEATH	and related causes of importance	
wera as follows:	La this	Date of onset
Chronic Chu	necysius	Total
		1930
		1 / 301-
Other Cantributary Canses of imports		
- agleriocker	esco	Marion
Heft hemit	egra	1704
	J	
Name of operation	Date of	
	Riga Lylandes thara an	autopsylla
	NOLENCE) fill in also tha following	
Accidant, suicide, or homicida?	Date of injury	
Where did injury occur?		
	(Specify city or town, county and St	ale)
Spaciny whather injury occurred in I	ND STRY, in HOME, or in PUBLIC P	ENCE.
Manner of injury		
Neture of injury		-7-
24. Was disease or injury in any way	related to occupation of decaased?_,	115.
If so, spacify		
(Signad)	Justruen	M. D.
(Addrass)	chwille, I	ud-

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If LESS than

1 day,_____ or min.

occupation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage BUREAUVS	July 5,1927	Peritonitis	3 days ago	
Company of the compan				
Other contributory causes of importance:		Other contributory causes of importance:	- 3	
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING MARGIN RESERVED

> V. S. No. 1 B ż

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

See instructions on back of certificate.

TION is very important.

should state

PHYSICIANS

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05492
1. PLACE OF DEATH	3
County managament	Registration Dist. No. 21/
Village or City Doudy Splens	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME STUD Jone Baby 15	elly
(a) Residence: No. Dandy Stormer	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 26 , 193 2 (Mar(th) (Day) (Year)
Sa. If marked, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attended deceesed from
	, 19, to, 19, 19
6. DATE OF BtRTH (month, day, and year) 7. AGE Years Months Devs If LESS than	I last saw h alive on, 19, death is said to have occurred on the date stated above, at _5 4 P.m.
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
01-8-min.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Premature 5 mos slice
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (yeers) this occupation (month end	D
SAW MILL, BANK, etc.	Trover .
year) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Dandy D prug	
(State or country)	misnow the
14. BIRTHPLACE (city or town) Sandy Sprung	
14. BIRTHPLACE (city or town) Sandy Spring	Neme of operation
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
# 15. MAIDEN NAME Tuldred Oa. Kelly	23. If death was due to externat causes (VIOLENCE) filt in elso the following:
16. BIRTHPLACE (city or town) Sandy Sprudy	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Trible of U Italia	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
PlaceDate, 19	Nature of injury
19. UNDERTAKER	24. Was disease or injury In any way related to occupetion of deceased?
(Address)	If so, specify
20. FILED May 31, 1982 CBarnsley. Registrar.	(Signed) M. D. (Address)
	NO LC BU B GOV

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis JUN A 1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BDRSAU V. 8.	July 5,1927	Peritonitis	3 days ago	
land with the second				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR :	FURTHER	STATEMENTS	BY	PHYSICIAN
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		The second secon

1. PLACE OF DEATH pinous Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _____yrs.____mos.____ ds. Longth of residence in city of town where death occurred PHYSICIAN 2. FULL NAME RECORD. (a) Residence, No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word) 5a. If married, widowed, or divorcad HUSBAND of BY CERTIFY, That I altended decaased from (or) WIFE of PERMA 73 6. DATE OF BIRTH (month, day, and year) certificate. properl Months If LESS than to have occurred on the data stated above, at _____ 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trade, profession, or particular THIS NO RESERVED kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc... may back Industry or business in which CUP work was done, as StLK MILL. SAW MILL, BANK, etc ... 50 On 10. Dato deceased last worked at 11. Total timo (years) this occupation (month and spant in this that year) _____ occupation . instructions Other Contributory Causes of importance: 12. BIRTIIPLACE (city or town (State or country) terms, ER 13. NAME FATH Namo of operation... 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?____ d MOTHER 15. MAIDEN NAME important 23. If doath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Dato of injury____ 16. BIRTHPLACE (city er town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very houle (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation Data May 4 1932 LION Nature of injury 24. Was disease or injury in any way related to occupation of decease 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Yaar)

Date of onset

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I The principal cause of death and related causes of importance were as follows: Date of onset			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	V III	July 5, 1927	Peritonitis	3 days ago	
	1000				
•					
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis - 97	1 year	
			m, a		

V. S. No. 1

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OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Montgomery	Registration Dist. No. 223
Village or City Jakonia Park Mo	I No. 110 Chestrut Grave Word
(ii	f death occurred in a hospital or institution, give its NAME instead of street and number)
de maria	1
2. FULL NAME Tannghy Vo Mc	Inly 12
(a) Residence: No. // (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 26, 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced musband of opf. John W Mc Intyre	22. I HEREBY CERTUFY, That I ettended deceased from may 12 ,1932, to May 26 ,1932
6. DATE OF BIRTH (month, day, and year) June 8, 1857	I lest sew h Ly alive on Mass 2 6, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 3.10 P. m.
74 -// 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Linslate Date of oneet
SAWYER, BOOKKEPPER, etc.	Generalized arteriorelerois
work wes done, as SILK MILL, SAW MILL, BANK, etc	Clisonil nephrilis
Rind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month and spant in this	Chrome myorardili well
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mc Auston (State or country)	Other Coursonory Causes of Importance:
13. NAME Saac Shark.	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy? 1/12
15. MAIDEN NAME Arah Sils 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fili in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs (fund) Jakok. Md	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place M. C. Aces port Lapete May 30, 1932	Manner of injuryNature of injury
19. UNDERTAKER W. Washers Caddress) +00 Chapins F. Washer OC	24. Wes disease or injury in any wey related to occupation of deceesed? No.
20. FILED May 28, 19 32/ 26. 6. Rogers. Registrar.	(Signed) Nith Cromer M.D. (Address) Medical Science Bldg Printe 101

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis HIM & 1995	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	E C	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SIAIL OF MAR 1. PLACE OF DEATH	YLAND—	CERTIFICATE (JF DEF	AIH (15491
County Montg			Registration	Dist. No.	18
Village or City Germantown Length of residence in city or town where death occurred 6	Md (II	No. F death occurred in a hospital or institution of the How long in U.S. if of	on, give its NAM	St.,	Ward number)
2. FULL NAME Robert Noland		in the state of th	Toreign birth;	yrS	m os.,, os.
(a) Residence: No. Germantown	Md	St Ward.			
(Usual place	e of abode)			give city or town	
PERSONAL AND STATISTICAL PART		MEDICAL CE	RTIFICATE	OF DEATH	-
Male Colored Wid	RRIED, WIDOWED, ED (write the word) OWEY	21. DATE OF DEATH	S~~	14 (Day)	, 193 <u>Z</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	gle	22. I HEREBY	_		ded deceesed from
6. DATE OF BIRTH (month, day, and year) Unknown		Llast saw h alive on.	1932,10 5		3. 2 deeth is seid
7. AGE Years Months Days About 63	If LESS than 1 day,hrs. ormin,	to have occurred on the day states The PRINCIPAL CAUSE OF DEATI		70.P.m.	Z. Lucotti is said
8. Trade, profession, or particular kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL.	, (Gardner	were as follows:	leve	<u>-</u>	Date of onset
- 1 Compacion (month end	time (years) ent in this upation				
12. BIRTHPLACE (city of town) Maryland (State or country)	***************************************	Other Contributory Causes of impor	tance:		
13. NAME Robert Noland					
13. NAME Robert Noland 14. BIRTHPLACE (city or town) Unknown (State or country)		Nama of operation		Date o	A
15. MAIDEN NAME Julia Noland, Milliand N	aden Name		es (VIOLENCE) fi	Il in elso the follow	wing:
17. INFORMANT L1-ZZ1e Prather (Address) Germontown 18. BURIAL, CREMATION, OR REMOVAL	Md	Spacify whether injury occurred in	(Specify city or INDUSTRY, in HO	town, county and a	State) PLACE.
07	17th 19.32	Manner of Injury			
19. UNDERTAKER Smill Square (Address)	ino	24. Was disease or injury in any wa	y related to occup	ation of deceased?	No
20. FILED May 17, 1932 Vacid Dare	Eldisone Registrar.	(Signed) J.A	270	upens	M. D.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

0_	/	0		***************************************
Lee Dor. +	orm #2 un	der "Sempers"	7/1932 dry	aulysusation
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to change	- Rocial	Condition		
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W)	
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1. PLACE OF DEAT	H		·	(133)			
County Mo	ntag	mery		(1)	Registration Dis	t. No. 2	14
Village or City	Obles	wille		No.			
				death occurred in a hospital or institution,		stead of street an	d number)
Length of residence in city	or town where	deeth occurred	yrsmos	ds. How long in U.S. if of fore	ign birth?	yrs.	mos
2. FULL NAME	allh	Marg	reto	oole			
(a) Residence: No.	Coli	(Usual place		St., Ward.	1/ 11		
PERSONAL AND	STATIST		The second secon	MEDICAL CERT	If nonresident give		ad State
	OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH	IFICATE	- DEATH	
Ferende 111	hit.	OR DIVORCE	D (write the word)	Mo	5	24	. 193 2
5a. If merried, widowed, or divorce	ed	mas	reol.	(Mg	op(fr)	(Day)	(Yee
HUSBAND of	Santes	LI Per	lo	22. I HEREBY C	ERTIFY,	Thet I attande	d daceased
- 97	will .	24.200	16: 7	May 1	2, to 10	329	19
6. DATE OF BIRTH (month, day,		elly. 24		I last segn elive on	My 2	7 1932	Zai deeth is
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the dete stated abo		m.	
1-1-0	87	0	ormin.	The PRINCIPAL CAUSE OF DEATH end were es follows:	I related ceuses of	f importance	Date of
8. Trada, profession, or par kind of work done, e	SPINNER.	Jones 21	1:1-		111		
kind of work done, e SAWYER, BOOKKEEP 9. Industry or business in work wes done, as SI SAW MILL, BANK, et	which	to one a	2 pa	acute N	UM	ulin	4/6
work wes dona, as SI SAW MILL, BANK, etc	LK MILL,						
10. Dete deceesed lest work this occupation (mont	ad et	11. Total t	ime (years) nt in this				
yeer)		occi	upation				
12. BIRTHPLACE (city or town)		/		Othar Contributory Causes of importence	3:	- 0	7
(Stata or country)	mol	, ,		gel	iti		
13. NAME	in (Leslex	2			************	
13. NAME 14. BIRTHPLACE (city or tow	n)			Name of operation		Data of_	
(Stata of country)	, m			What test confirmad diagnosis?		Wes there en	autopsy?
15. MAIDEN NAME	da o	Seak		23. If deeth wes due to externel causas (\	/IOL ENCE) fill in	also the following	ng:
0 16. BIRTHPLACE (city or tow	n)			Accident, suicide, or homicide?	Deta	of injury	, 19
(Stata or country)		mo	•	Where did injury occur?			
17. INFORMANT LO Ma (Address)	els H	ille mo	1.	Specify whather injury occurred in INDI	pecify city or tow USTRY, in HOME,	or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OF RE	MOVAL	-	1	Menner of injury			
Place Calls	ells	Date 2	6, 1932	Natura of injury			
19. UNDERTAKER Marm	en &(Blemb	284-	24. Was diseese or injury in any wey rela	atad to occupation	of deceased?	1
(Address)	Poch	ulle	1	If so, specify	/-		
20. FILED-MAN 25, 19	32 75	D. 20.	00	(Signed)	Ha	you	-
., 15		TO THE	Registrar.	(Address) 8512	Kur. a	ve.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

*,			
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N.B.

PLACE OF DEATH	STATE OF MARYLAND
County Moulgon	© CERTIFICATE OF DEATH
	Registration Dist. No. 2/5
Village or City Mar / No (No	St.: Ward) (If death occurred in a hospital or institu- tion, give Its NAME is -
2FULL NAME Baly Bookles	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 26, 1932 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
may 26, 132	may 1982 to may 2 6 , 1822
(Month) (Day) (Year)	that I last saw by A attre on May 26, 1932
7 AGE If LESS than I day q, hrs.	and that death occurred on the date stated above, at
0 yrs. 0 mos. 0 ds. or 0 min.?	Shortaneous abortion
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrs mosds.
9 BIRTHPLACE (State or country) In My From	Contributory Secondary (Durstion) yrs
10 NAME OF WAR a Prather	(Signed) / / Dyeau M. D.
(State or country)	State the Disease Causing Death, or, in deaths from Violent Causea, atate (1) Means of Injury and (2) Whether Accidental. Suicidal or Homicidal.
of MOTHER Larah Lwailer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Am Frather	Former or usual residence
(Address) Lather to Saywood	The zion Cerebry May 26, 1932
Filed May 2 6 1932 My Dyang Registrar	Roy W Barber Lathersburg
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. 2ng

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ed term for the same disease. Examples: Cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of American Medical Association.) Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

4	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05500
JPA	1. PLACE OF DEATH	82-0
1000	County Montgomers com	Registration Dist. No. 223,
0	Village or City Takloma Kenkey	No. St. Ward
jo	A. (II	death occurred in a hospital or institution, give its NAME instead of street and number)
ent	Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsds.
statement	2. FULL NAME / anery / eleca	haffer.
stat	(a) Residence: No. 2d (V oodland (U (Usual place of abode)	ulst. I Ward. aRoma M M d. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
<u></u>	OR DIVORCED (write the word)	(Month) (Day) (Yaar)
fied.	5a. If married, widowed, or divorced	A
classified	(or) WIFE of Janul) Shaffer.	22. I HEREISY CERTIFY, That I attended daceasad from
	COLTE OF DIRTH (COLD) May 1 1 1 1 2 5 1	I last saw h E R aliva on May 5 1932 : death is said
rly	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1:30 A.m.
properly certificate.	7 8 1 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8 Trade profession or particular	were as follows: Care head hemanihese Date of onset
be • f	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u> </u>
t it n on b	0 10. Data deceased last worked at 11. Total time (years)	
40	this occupation (month and spant in this occupation	
	12. BIRTHPLACE (city or town)	Other Contributory Canses of Importance:
s, se ructi	(Stata or country) W. Va.	The state of the s
terms, instru	13. NAME John Jugh.	//
ر ب	14. BIRTHPLACE (city or town)	Nama of operation Date of
-	(State or country)	What test confirmed diagnosis? Blood pressure Was thar an autopsy?
ÉATH in p important.	15. MAIDEN NAME Martha Joff.	23. If death was due to external causes (VI LENCE) fill in also the following:
Ort	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
EATH	(State of County)	Where did injury occur? (Specify city or town, county and State)
very	17. INFORMANT (Address) 100 Company Co	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL WY	Manner of injury
SE	Piace (Nowlestung, Date May, 1, 193)	Nature of injury
CAUSE TION is	19. UNDERTAKER WW Wanting	24. Wes diseesa or injury in eny way related to occupetion of deceased?
H	(Addiess) 1900 ling I Wash, DE	If so, specify
	20 FILED May 6, 193/2 26 Extogers	(Signed) Wellson a Downson M. D.
(1)	Registrar.	(Address) 11.3. Carrall St. Jakong Park
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
01			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

445	23	à	9
1,400	知	1	L

County Montgonery	
obuity	Registration Dist. No.
	No. St., Ward the occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Wanta Short	
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21	1. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	I HEREBY CERTIFY, That I attended deceased from $5-19$, 1932, to $6-33$, 1932
7. AGE Years Months Days If LESS than to 1 day,hrs. Tomin.	I last saw h Lacalive on 5-23-5, 19; death is said to have occurred on the date steted above, et 3.45 PB W. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1b. Date december last worked et 11. Total time (years)	Strepto weens Sept esemia 5-18-32
year) occupation	Other Coutributory Causes of Importance:
(State or country) Worth Carolina. 13. NAME Paul Sheeth 14. BIRTHPLACE (city or town)	Cardiar Jailure
(State or country) / our Caloline W	Name of operation
16. BIRTHPLACE (city or town)	3. If death was due to external causes (VIDLENCE) for in also the following: Accident, suicide, or homicide?
(Address) Ellewatt city Resulte 3	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Place Cultury Charach 5 1. 26103 2	Manner of injury
	4. Was disease or Injury In any way related to occupation of deceased?
20. FILED May 25, 1932 Ch 3 arrosley Registrar.	(Signed) A MITH Sand M. D. (Address) Highland July I. N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	BAUT.	July 5, 1927	Peritonitis	3 days ago	
	No.				
Other contributory causes of in	mportance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PAGE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
---------------	------	-----	---------	------------	---------------	-----------

stated EXACTLY. PHYSICIANS should state

OCCUPA-

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Exact statement

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

20. FILEO May 24, 1932

mation should be carefully supplied.

-WRITE-PLAINLY,

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ż

AGE should be

certificate.

jo

See instructions on back

STATE OF MARYLAND	CERTIFICATE OF DEATH (5502
1. PLACE OF DEATH	92-0
County montgomeras	Registration Dist. No. 218
Village or Cityhear Laytonsville und	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME downsay Sulliva	~
(a) Residence: No Near Lay Louville mod (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perite the word) Nemale Windowsell	21. DATE OF DEATH May (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M Sullijan	22. I HEREBY CERTIFY. That I attended deceased from 22. 1932. 1932. 1932. 1932. 1932. 1932. 1932. 1932. 1932. 1932.
6. DATE OF BIRTH (month, day, and year) / 8 60 - 6 - / 4	I last saw h 3 alive on may 18 , 190 ; death is said
7. AGE Years Months Oays If LESS than 1 day, hrs.	to have occurred on the date steted above, at 4772 14 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
// 6 or rain.	were as follows: Data of prest
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	Mutral Cardine Desease Kulmon
work was done as SILK MILL, SAW MILL, BANK, etc.	
O Date deceased last worked at this occupation (month and year) occupation	
Wira :	Other Coatribatory Causes of importance:
12. BIRTHPLACE (city or town) Warfurson (Stata or country)	
13. NAME Jerry (Aullis and 14. BIRTHPLACE (city or town) Virginia	
14. BIRTHPLACE (city or 16wn) Ourginia	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIOEN NAME Carter 16. BIRTHPLACE (city or town) Wirguing (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Winguing	Accident, suicide, or homicide?
17. INFORMANT MAS Samuel Perrell (Address) Brookwille mod	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Beckerille Date May 24, 1932	Nature of Injury
19. UNDERTAKER Roy W Barker (Address) Haithersburg mod	24. Was disease or injury In any way related to occupation of deceased?

Registrar.

(Signed)

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JUN T DAW				
Other contributory causes of importance;		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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RESERVED

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		HE SEMEST	
Other contributory causes of importance:	4	Other contributory causes of importance:	
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MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DRATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the worked on may form part of the second statement. nature of the husiness or industry, and therefore an fulness of various pursuits can be known. The ques-Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Collon mill; (a) Salesman, without more precise specification as Day Compositor, Architect, (b) Automobile factory. The materia Locomolive engineer, As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the Discass Causing Death (the primary affection with respect to time and causation), using always the same accepts ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Recommendations on statement of cause of American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"E:haustion," "Heart lauure,
"Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage, taken. For violent deaths state means of injuly can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. valvular heart Nomenclature of the Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

05505

1. PLACE OF DEATH	0 —	92-0	
County YY	nlyonery	Registration Dist. No.	2/3
Village or City 1 Ku	challe 1	No	St.,Ward
Length of residence in city_or town		If death occurred in a hospital or institution, give its NAME instead of	
(A)		V/V.	
2. FULL NAME	are surge	Hraver	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city o	or town and State
PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	The second secon
3, SEX 4. COLOR OR RAG	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (remin the word)	21. DATE OF DEATH May 20	, 193
5a. If merried, widowed, or divorced		(Month) (Day	(Year)
HUSBAND of (or) WIFE of	-	22. I HEREBY CERTIFY, Thet	
	01.0 13 1915	June , 193/ , 10 has	-
6. DATE OF BIRTH (month, dey, end yeer	1/10-01		1, 1932; death is seld
7. AGE Years Mon	Dey's If LESS then 1 dey,	to have occurred on the date stated above, et	riana
1 7 1	/ or min.	were as follows:	Data of onset
8. Trede, profession, or particular kind of work done, es SPINN	ER, Xoland brown	Chronic Indocardi	lis stout 19
kind of work done, es SPINM SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL SAW MILL, BANK, etc 10. Dete deceesed last worked et		-	
9. Industry or business in which work wes done, es SILK MILL SAW MILL, BANK, etc			
10. Dete deceesed last worked et this occupation (month end	11. Total time (years) spent in this		
year)	occupation	0.1.2	
12. BIRTHPLACE (city or town)	700 0 0	Other Contributory Causes of importance:	ala fus
(State or country)	I fangland		1000-1904
13. NAME 14. BIRTHPLACE (city or town)	nge Weaver		
14. BIRTHPLACE (city or town)		Neme ef operation	Dete of
(State or country)	Maryland	What test confirmed diegnosis? We	s there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	reseir Alchette	23. If death was due to external ceuses (VIOLENCE) fill in also the	he following:
16. BIRTHPLACE (city or town)	may land	Accident, suicide, or homicide? Dete of inju	ury, 19
(Stete or country)	Officespuring	Where did injury occur?	
17. INFORMANT MAN (Address)	velstill med.	(Specify city or town, cou Specify whether injury occurred In INDUSTRY, in HOME, or in I	nty and State) PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	my bouls to	Manner of Injury	
Plece St. Maryo Sery	Roc Date May 32	Neture of Injury	
19. UNDERTAKER WAN PE	ubru Tumpoling	24. Was disease or Injury in any way releted to occupation of de	ceesed? 200
20. FILED May 28 1032	mo W. J Brass	(Signed) G. Hairtie	M. D.
20. FILED. 1904	Registrar.	(Address) Porport	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpeuter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

н .	05506
PLACE OF DEATH	STATE OF MARYLAND
County Montgoneery	CERTIFICATE OF DEATH
	Registration Dist. No. 214
Village or City Teesengton (No. 37 Constitution of City Teesengton (No. 37 Constitutio	Mard) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Wildows	16 DATE OF DEATH , 192
(Write the word)	(Month) 3 - (Day) /932(Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
May 5 ⁻¹ / _(Month) , 1932 (Month) (Day) (Year)	that I last saw her alive on May 4 -, 1982
7 AGE [If LESS than	and that death occurred on the date stated above, at 12.554m
I day - hrs.	The CAUSE OF DEATH * was as follows:
85 yrs. 2 mos. 20 ds. or - min.	, , , , , , , , , , , , , , , , , , ,
8 OCCUPATION (a) Trade, profession or	Cerebral Newowhage
particular kind of work House - Zook.	•
(b) General nature of industry ausiness, or establishment in	(Durstion) yrs mos 3 ds
which employed or (employer)	Contributory Society - Nyperteusin
9 BIRTHPLACE (State or country)	Secondary Sera Duration yes mos de
10 NAME OF	3/- // 8/30
FATHER Richard Baggert	(Signed) M. D. M. D.
10 11 BIRTHPLACE	May 5 - 1927 (Address) Vi Luciegum. M
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Name Yaucy Fleteleer	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS THE TO THE BEST OF MY WOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Richard N Naunders	Former or usual residence
(Address) Kinsmym	Toexulle Myon May 7, 193
Filed My 6 1982 W. d Yess	WR Cumphrey ADDRESS
If more banks are needed, address tate Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs. business: that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houselaborer, Form laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesmon. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil angineer, Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Oceupation-Precise statement of ocwhatever, write Nonc. Housemand, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEA. IN USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanius) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonio (seeondary), stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) approved as fracture of skull, and eonsequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephrilis, inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic valvular heart disease etc. The contributory

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V. S. No. 1

<u>.</u>	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05507
J.	1. PLACE OF DEATH	82-0
JOOG JO	Village or City Takoma Jark	No. Wash Sun + Hospital or institution, give its NAME instead of street and number)
t	Length of residence in city or town where deeth occurredyrs,mos	
nen	2. FULL NAME GOOD SE Jasten Br	mana
stater	(a) Residence: No. Hatel Robert Market (Usual place of poods)	St., D. C. Ward. If nonresident give city or town and State
ict	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. Exact	S SEX 4. COLOR OR RACE OR DIVORCED (write the word) NAME A COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (North) (Day) 193 2 (Yeer)
fied	5a. If married, widowed, or divorced HUSBAND of	
classified	Carlie B. Simmerman	22. HEREBY CERTIFY, The i ettended decesed from
	6. DATE OF BIRTH (month, dey, end yeer) Quant 7, 1867	i iest saw h elive on Mg , 19 54 ; deeth is seid
erly	7. AGE Yeers Months Days if LESS then	to have occurred on the dete steted above, at
properly certificate	64 9 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:
-	8. Trede, profession, or particular kind of work done, as SPINNER, Comment Clerk	Date of onset
r be	SAWYER, BUUNNEEPER, etc.	brefrok Henrozl. ofil4"
may	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
t it	10. Dele deceased lest worked et this occupetion (month and spent in this yeer)	
th	12. BIRTHPLACE (city or town) Brunswick	Other Contributory Causes of Importence:
s, se	(Stete or country)	Januar alema Schemen
erms, so that instructions	13. NAME Jasker Brimmerman	
t e	14. BIRTHPLACE (city or town)	Neme of operation
12	(State of Country)	Whet test confirmed diagnosis?
n pl	15. MAIDEN NAME Cimbanda Cheman	23. if deeth wes due to externel causes (VIOL ENCE) fill in elso the following:
H i	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
TAT mpo	X (Stete or country)	Where did injury occur?
OF DEATH in preserve important.	17. INFORMANT MS Cally & Zymmesmon (Address) Hotel Reserved Wards D. C.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
S	Piece Washing D. Dete May 11, 1932	Neture of injury
CAUSE TION IS	19. UNDERTAKER The S. H. Hung Co (Address) Washington De	24. Wes disease or injury in any way related to occupation of deceased?
T)	20. FILED May 9, 19 32 % 6. Rogers	(Signed) MODO M.D. (Address) 4815 1114 N. W. Worker

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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I Example II	Example II		
The principal cause of death and relate of importance were as follows: Attack of epilepsy	Causes Date of onset		
1921 Run over by street car	1 week ago		
July 5,1927 Peritonitis	3 days ago		
ortance: Other contributory causes of importance			
May 1,1923 Gastroenteritis	1 year		
ortance: Other contributory causes of importance			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

134 Course ove Jakinou Park and